

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Hospital Association PAC

ADDRESS (number and street)

325 Seventh Street, NW

Suite 700

☐Check if different
than previously
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00106146

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☒

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

03

01

2006

through

03

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms. Melinda Hatton

Signature of Treasurer

Electronically Filed by Ms. Melinda Hatton

Date

04

19

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	3	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		941820.56
(b) Cash on Hand at Beginning of Reporting Period	947067.54	
(c) Total Receipts (from Line 19)	49923.08	199847.65
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	996990.62	1141668.21
7. Total Disbursements (from Line 31)	155399.89	300077.48
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	841590.73	841590.73
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	3	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	22818.77	47546.47
(i) Itemized (use Schedule A)	7586.54	23147.11
(ii) Unitemized	30405.31	70693.58
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	0.00	0.00
(b) Political Party Committees	1666.00	6666.00
(c) Other Political Committees (such as PACs)	32071.31	77359.58
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➤		
12. Transfers From Affiliated/Other Party Committees	17500.00	121500.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	351.77	988.07
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	49923.08	199847.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	49923.08	199847.65

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		1099.89	1527.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		1099.89	1527.48
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		154300.00	298550.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		155399.89	300077.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		155399.89	300077.48

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	32071.31	77359.58
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	32071.31	77359.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1099.89	1527.48
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1099.89	1527.48

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Curtis D. Rooney

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 6 / 2 0 0 6

Transaction ID: 12136377

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Carla L. Luggiero

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Sr. Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 6 / 2 0 0 6

Transaction ID: 12136329

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Dwight L. Fine

Mailing Address 12675 Riviera Heights Road

City State Zip Code
Holts Summit MO 65043-2039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Missouri Hospital Associa-
tion

Occupation
Sr. Vice President, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.24

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 6 / 2 0 0 6

Transaction ID: 12141278

Amount of Each Receipt this Period

111.12

SUBTOTAL of Receipts This Page (optional)

861.12

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Marc D. Smith
Mailing Address 5612 Tanner Bridge Road

City State Zip Code
Jefferson City MO 65101-8275

FEC ID number of contributing
federal political committee.

C

Name of Employer
Missouri Hospital Associa-
tion

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.24

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 6 / 2 0 0 6

Transaction ID: 12141290

Amount of Each Receipt this Period

111.12

B. Full Name (Last, First, Middle Initial)
Mr. Brian McAnallen
Mailing Address 3634 North Drinkwater Blvd

City State Zip Code
Scottsdale AZ 85251-5622

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scottsdale Healthcare

Occupation
Government Relations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 6 / 2 0 0 6

Transaction ID: 12136330

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Robert V. Stanek
Mailing Address 14 Campus Boulevard, Suite 300

City State Zip Code
Newtown Square PA 19073-3241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catholic Health East

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 6 / 2 0 0 6

Transaction ID: 12136735

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1361.12

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Tom Gruber
Mailing Address 3405 Maplevale Circle

City State Zip Code
Newtown Square PA 19073-2766

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catholic Health East

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 6 / 2 0 0 6

Transaction ID: 12136736

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Lex Smith
Mailing Address P O Box 129

City State Zip Code
El Reno OK 73036-0129

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parkview Hospital

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 9 / 2 0 0 6

Transaction ID: 12219487

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Ms. Barbara Oestmann
Mailing Address P O Box 727

City State Zip Code
Alva OK 73717-0727

FEC ID number of contributing
federal political committee.

C

Name of Employer
Share Medical Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 9 / 2 0 0 6

Transaction ID: 12219485

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Ms. Brenda Gail Summers

Mailing Address 1351 Anthem Court

City State Zip Code
 Charlotte NC 28205-7981

FEC ID number of contributing federal political committee.

C

Name of Employer
The Greeley CompanyOccupation
Senior Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 0 / 2 0 0 6

Transaction ID: 12254240

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Wayne NeSmith

Mailing Address 1105 Carriage Road

City State Zip Code
 Tallahassee FL 32312-2501

FEC ID number of contributing federal political committee.

C

Name of Employer
Florida Hospital AssociationOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 0 / 2 0 0 6

Transaction ID: 12255754

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)

Ms. Joanell M. Dyrstad

Mailing Address 910 West 6th Street

City State Zip Code
 Red Wing MN 55066-2432

FEC ID number of contributing federal political committee.

C

Name of Employer
Fairview Red Wing Medical CenterOccupation
Board Chair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 0 / 2 0 0 6

Transaction ID: 12235527

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Mary M. Covington
Mailing Address 123 Briarwood Drive

City State Zip Code
Carrollton GA 30117-4104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tanner Medical Center

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 0 / 2 0 0 6

Transaction ID: 12235530

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. William A. Bell
Mailing Address 944 Gentian Court

City State Zip Code
Tallahassee FL 32312-1228

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital Associat-
ion

Occupation
General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 0 / 2 0 0 6

Transaction ID: 12255737

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Ms. Thomasine Kennedy
Mailing Address 2714 N.D. 41 & 50

City State Zip Code
Chinquapin NC 28521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Duplin General Hospital

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 0 / 2 0 0 6

Transaction ID: 12235219

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 66

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. E. Michael Nunamaker

Mailing Address 2220 West Iowa Avenue

City State Zip Code
 Chickasha OK 73018-2700

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grady Memorial Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 0 / 2 0 0 6

Transaction ID: 12302206

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Reginald M. Ballantyne, III

Mailing Address 3266 East Valley Vista Lane

City State Zip Code
 Paradise Valley AZ 85253-3738

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vanguard Health System

Occupation
Corporate Officer & Senior Vice Presid

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 0 / 2 0 0 6

Transaction ID: 12235559

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. A. Christine Delucas

Mailing Address 34 Sandpiper Place

City State Zip Code
 Alameda CA 94502-7418

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mills-Peninsula Health Se-
rvices

Occupation
Vice President, Acute Care Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 0 / 2 0 0 6

Transaction ID: 12254241

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Richard E. Meiers

Mailing Address 908 Hokulani Street

City State Zip Code
 Honolulu HI 96825-1021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Healthcare Association of
HawaiiOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 0 / 2 0 0 6

Transaction ID: 12235595

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Ms. Phillis Oeters-Pena

Mailing Address 6855 Red Road, Suite 600

City State Zip Code
 Coral Gables FL 33143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Health South Flor-
idaOccupation
Vice President, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 0 / 2 0 0 6

Transaction ID: 12255748

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Dwight L. Fine

Mailing Address 12675 Riviera Heights Road

City State Zip Code
 Holts Summit MO 65043-2039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Missouri Hospital Associa-
tionOccupation
Sr. Vice President, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 0 / 2 0 0 6

Transaction ID: 12219611

Amount of Each Receipt this Period

111.12

SUBTOTAL of Receipts This Page (optional)

861.12

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 66

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Dr. Anthony R Tersigni, , Ed.D., F

Mailing Address 4600 Edmundson Road

City State Zip Code
Saint Louis MO 63134-3806

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ascension Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	0		2	0	0	6

Transaction ID: 12235531

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Ms. Kathleen M. Whyte

Mailing Address 444 North Capitol St, NW
Suite 532

City State Zip Code
Washington DC 20001-1512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital Associat-
ion

Occupation

Sr. Vice President, Federal Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	0		2	0	0	6

Transaction ID: 12255736

Amount of Each Receipt this Period

600.00

C. Full Name (Last, First, Middle Initial)
Mr. David E. Morton, Dr. P.H.,

Mailing Address 2825 Natchz Trail

City State Zip Code
Edmond OK 73003-3622

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	0		2	0	0	6

Transaction ID: 12302204

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1850.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 66

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Ralph Glatfelter Mailing Address 7285 Heartland Circle City State Zip Code Tallahassee FL 32312-7501 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 6 Transaction ID: 12255753 Amount of Each Receipt this Period 600.00
Name of Employer Florida Hospital Association Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		
B. Full Name (Last, First, Middle Initial) Ms. Karen Late, MHS Mailing Address 444 North Capitol Street, NW Suite 532 City State Zip Code Washington DC 20001-1512 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 6 Transaction ID: 12255734 Amount of Each Receipt this Period 500.00
Name of Employer Florida Hospital Association Occupation Director, Federal Advocacy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		
C. Full Name (Last, First, Middle Initial) Mr. Ernest R. Sutton Mailing Address 1722 Edgewood Drive City State Zip Code Elizabeth City NC 27909-6616 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 6 Transaction ID: 12235218 Amount of Each Receipt this Period 250.00
Name of Employer Albemarle Hospital Occupation Trustee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)**1350.00****TOTAL** This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Audrey M. White			Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 6	
Mailing Address 25 Concord Street			Transaction ID: 12219496	
City State Zip Code Peterborough NH 03458-1510			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Monadnock Community Hospital		Occupation Trustee		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) Mr. Rich Rasmussen			Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 6	
Mailing Address 405 El Destinado Drive			Transaction ID: 12255735	
City State Zip Code Tallahassee FL 32301-1522			Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Florida Hospital Association		Occupation VP for Strategic Communications		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
C. Full Name (Last, First, Middle Initial) Ms. Martha DeCastro			Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 6	
Mailing Address 1036 Alameda Drive			Transaction ID: 12255733	
City State Zip Code Tallahassee FL 32317-9577			Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Florida Hospital Association		Occupation VP, Nursing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Kathy Holzer Mailing Address 306 East College Avenue City Tallahassee State FL Zip Code FEC ID number of contributing federal political committee. C Name of Employer Florida Hospital Association Occupation Vice President, Health Policy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 6 Transaction ID: 12255755 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Mr. Mark D. Pilla Mailing Address One Log Road City Tabernacle State NJ Zip Code 08088-9730 FEC ID number of contributing federal political committee. C Name of Employer Saint Barnabas Health Care System Occupation Executive Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6 Transaction ID: 12304306 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Mr. David P. Lavins Mailing Address 10 Fox Chase Road City Malvern State PA Zip Code 19355-3441 FEC ID number of contributing federal political committee. C Name of Employer New Jersey Hospital Association Occupation Chief Financial Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 410.00		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6 Transaction ID: 12304243 Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional)

780.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Dr. Joel D. Ohlsen, M.D.
Mailing Address Post Office Box 399

City State Zip Code
Rye CO 81069-0399

FEC ID number of contributing federal political committee.

C

Name of Employer
St. Mary-Corwin Medical CenterOccupation
Director, Cancer Center

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 0 6

Transaction ID: 12259092

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Ms. Sarah B. Buck
Mailing Address 2052 Pinehurst Drive

City State Zip Code
Ames IA 50010-4561

FEC ID number of contributing federal political committee.

C

Name of Employer
Mary Greeley Medical CenterOccupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 0 6

Transaction ID: 12259097

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Henry M. Altman, Jr.
Mailing Address 508 Tiffany Lane

City State Zip Code
Louisville KY 40207-1426

FEC ID number of contributing federal political committee.

C

Name of Employer
Jewish Hospital - St. Mary's HealthCareOccupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 0 6

Transaction ID: 12259098

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Kenneth A. Becker

Mailing Address 509 Beaumont Circle

City State Zip Code
West Chester PA 19380-6437

FEC ID number of contributing federal political committee.

CName of Employer
Catholic Health EastOccupation
Vice President Advocacy and Government

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
03 29 2006

Transaction ID: 12255995

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Ms. Joan Soriano

Mailing Address 2119 East 17th Street

City State Zip Code
Bremerton WA 98310-4413

FEC ID number of contributing federal political committee.

CName of Employer
Harrison Medical CenterOccupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
03 29 2006

Transaction ID: 12259099

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Ms. Rita M. Turley, MS, RN

Mailing Address 351 Morningside Lane North

City State Zip Code
Billings MT 59105-2873

FEC ID number of contributing federal political committee.

CName of Employer
Sisters of Charity of Leavenworth HealOccupation
Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
03 29 2006

Transaction ID: 12259270

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Scott Share

Mailing Address 1600 Haddon Avenue

City State Zip Code
 Camden NJ 08103-3101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catholic Health East

Occupation
Vice President, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 9 / 2 0 0 6

Transaction ID: 12255948

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Donald J. Breckon, Ph.D

Mailing Address 7320 N.W. Katie Circle

City State Zip Code
 Parkville MO 64152-1988

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Luke's Northland Ho-
spital

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 9 / 2 0 0 6

Transaction ID: 12259095

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Margaret Allison

Mailing Address 200 Morningside Dr

City State Zip Code
 San Antonio TX 78209-4734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Methodist Healthcare Syst-
em of San Ant

Occupation
Member MHS Board of Governors

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 9 / 2 0 0 6

Transaction ID: 12259091

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Dr. E. A. Clark, M.D.

Mailing Address 707 Hellybrook Drive

City State Zip Code
 Longview TX 75605-2410

FEC ID number of contributing
federal political committee.

C

Name of Employer
Longview Regional Medical
Center

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 9 / 2 0 0 6

Transaction ID: 12259096

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Ms. Marjorie Swetonic

Mailing Address 3104 Faiss Dr.

City State Zip Code
 Las Vegas NV 89134-7432

FEC ID number of contributing
federal political committee.

C

Name of Employer
MountainView Hospital

Occupation
Vice Chair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 9 / 2 0 0 6

Transaction ID: 12259094

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Mr. Charles Thoele

Mailing Address 9228 Mountain Ash Trail

City State Zip Code
 Saint Louis MO 63126-2211

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. John's Mercy Health
Care

Occupation
Chairman of the Board

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 9 / 2 0 0 6

Transaction ID: 12259093

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. James A Wathen Mailing Address 1465 Beach Loop Road City State Zip Code Bandon OR 97411-8801 FEC ID number of contributing federal political committee. C Name of Employer Southern Coos Hospital and Health Cent Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 0 / 2 0 0 6 Transaction ID: 12261815 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Mr. Alexander R. White, Jr. Mailing Address PO Box 15587 City State Zip Code Austin TX 78761-5587 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association Occupation AHA Regional Executive for TX Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 291.62		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR331416016617 Amount of Each Receipt this Period 124.98 P/R Deduction (\$41.66 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Dr. Donald Nielsen, MD Mailing Address 195 Oxford Court City State Zip Code Alamo CA 94507-1753 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association-Chicago Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330524816617 Amount of Each Receipt this Period 120.00 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

494.98

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Paul N. Muraca

Mailing Address 4960 138th Circle West

City State Zip Code
Apple Valley MN 55124-9229

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330475416617

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)

Mr. W. Thomas Deweese

Mailing Address 500 Interstate Boulevard South

City State Zip Code
Nashville TN 37210-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR329215716617

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)

Ms. Anne E. Ubl

Mailing Address 801 Pennsylvania Ave, NW
#245

City State Zip Code
Washington DC 20004-2615

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328767016617

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 66

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Richard H. Wade Mailing Address 1221 Cavalier Road City State Zip Code Arnold MD 21012-2126 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328310416617 Amount of Each Receipt this Period 120.00
Name of Employer American Hospital Association-Washingt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Sr. Vice President, Communications Aggregate Year-to-Date ▼ 280.00
B. Full Name (Last, First, Middle Initial) Ms. Christine R Wray Mailing Address P O Box 527 City State Zip Code Leonardtown MD 20650-0527 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006 Transaction ID: 12261865 Amount of Each Receipt this Period 500.00
Name of Employer St. Mary's Hospital Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation President and Chief Executive Officer Aggregate Year-to-Date ▼ 500.00
C. Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack Mailing Address 325 Seventh Street, NW Suite 700 City State Zip Code Washington DC 20004-2818 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328260916617 Amount of Each Receipt this Period 240.00
Name of Employer American Hospital Association-Washingt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Executive Vice President Aggregate Year-to-Date ▼ 560.00

P/R Deduction (\$40.00 Bi-Weekly)

P/R Deduction (\$80.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

860.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. James D. Bentley, Ph.D.

Mailing Address 13106 Vingle Lane

City State Zip Code
 Silver Spring MD 20906

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328224916617

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Calbreith L. Simpson

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
 Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328224816617

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Stephen M. Ahnen

Mailing Address 1001 N. Potomac St.

City State Zip Code
 Arlington VA 22205-1629

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328312716617

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 66

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Richard J. Davidson Mailing Address 325 Seventh Street, NW Suite 700 City Washington State DC Zip Code 20004-2818 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327942116617 Amount of Each Receipt this Period 120.00
Name of Employer American Hospital Association-Washingt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation President Aggregate Year-to-Date ▼ 280.00
B. Full Name (Last, First, Middle Initial) Mr. Larry A. Schulz Mailing Address 7650 Edwinborough Way Suite 200 City Minneapolis State MN Zip Code 55435-5978 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006 Transaction ID: 12312924 Amount of Each Receipt this Period 250.00
Name of Employer Catholic Health Initiatives Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Sr. Vice President, Operations Aggregate Year-to-Date ▼ 250.00
C. Full Name (Last, First, Middle Initial) Ms. Lori M. Schor Mailing Address 325 Seventh Street, NW Suite 700 City Washington State DC Zip Code 20004-2818 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328341816617 Amount of Each Receipt this Period 120.00
Name of Employer American Hospital Association-Washingt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Director, Political Action & Grassroot Aggregate Year-to-Date ▼ 280.00

P/R Deduction (\$40.00 Bi-Weekly)

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328341816617

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

490.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Barbara Lorschach
Mailing Address 204 South 7th Avenue

City State Zip Code
La Grange IL 60525-6406

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-Chicago

Occupation
Sr. Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328136916617

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Dr. Carol A. Watson, Ph.D., RN
Mailing Address 701 10th Street, SE

City State Zip Code
Cedar Rapids IA 52403-1292

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Medical Center

Occupation
Sr. Vice President, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: 12261821

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr. John F. Barry
Mailing Address One North Franklin

City State Zip Code
Millis MA 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-Chicago

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327877816617

Amount of Each Receipt this Period

124.98

P/R Deduction (\$41.66 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

744.98

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. James F Hanko
Mailing Address 3405 Riverside Dr. NE

City State Zip Code
Bemidji MN 56601-5310

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Country Regional Ho-
spital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.15

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 6

Transaction ID: 12312920

Amount of Each Receipt this Period

45.45

B. Full Name (Last, First, Middle Initial)
Mr. Mark Seklecki
Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Executive Director, AHAPAC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID: PR327858016617

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Lindsay Mac Robinson
Mailing Address 107 East Lane

City State Zip Code
Lake Barrington IL 60010-1939

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Vice President, PMGs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID: PR327727316617

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

285.45

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Deborah F. Weiner
Mailing Address 11004 Petersburg

City State Zip Code
Rockville MD 20852-3249

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-Washingt

Occupation
Director, Grassroots Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327745916617

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Donald May
Mailing Address 521 Great Falls Street

City State Zip Code
Falls Church VA 22046-2613

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-Washingt

Occupation
Vice President, Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR331533216617

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Mary M. Fuqua
Mailing Address 96 Grandview Drive

City State Zip Code
Williamstown MA 01267-2528

FEC ID number of contributing
federal political committee.

C

Name of Employer
Berkshire Health Systems, Inc.

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2006

Transaction ID: 12261826

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

490.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton Mailing Address 325 Seventh Street, NW Suite 700 City Washington State DC Zip Code 20004-2818 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association-Washingt Occupation VP & Chief Washington Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1045726216617 Amount of Each Receipt this Period 120.00 P/R Deduction (\$40.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Mr. David Vandeventer Mailing Address 3840 West 9th Street P.O. Box 1260 City Waterloo State IA Zip Code 50702-5914 FEC ID number of contributing federal political committee. C Name of Employer Emergency Practice Associ-ates Occupation Director of Business Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 6 Transaction ID: 12312919 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Ms. Diane Gail Stewart Mailing Address 7700 Folsom Boulevard City Sacramento State CA Zip Code 95826-2608 FEC ID number of contributing federal political committee. C Name of Employer Sutter Center for Psychia-try Occupation Chief Administrative Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 6 Transaction ID: 12261830 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

620.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Rogers Anderson

Mailing Address 2021 Carothers Road

City State Zip Code
Franklin TN 37067-5822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Williamson Medical Center

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 6

Transaction ID: 12261828

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

22818.77

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 66

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Northcoast PAC Mailing Address 2200 Jefferson Avenue City Toledo State OH Zip Code 43624 FEC ID number of contributing federal political committee. C C00201293 Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 833.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 12332071 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">833.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	0		2	0	0	6	833.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	3		2	0		2	0	0	6																							
833.00																																
B. Full Name (Last, First, Middle Initial) OhioHealth Star PAC Mailing Address 1087 Dennison Avenue City Columbus State OH Zip Code 43201 FEC ID number of contributing federal political committee. C C00210617 Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 833.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 12322817 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">833.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	0		2	0	0	6	833.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	3		2	0		2	0	0	6																							
833.00																																

SUBTOTAL of Receipts This Page (optional)

1666.00

TOTAL This Period (last page this line number only)

1666.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 66

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
New York Hospital & Healthcare Assoc. FED PAC

Mailing Address One Empire Drive

City State Zip Code
Rensselaer NY 12144

FEC ID number of contributing
federal political committee.

C C00160259

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 6

Transaction ID: 12309236

Amount of Each Receipt this Period

10000.00

B. Full Name (Last, First, Middle Initial)
AZHHA Political Action Committee (Federal)

Mailing Address 2901 North Central Avenue
Suite 900

City State Zip Code
Phoenix AZ 85012

FEC ID number of contributing
federal political committee.

C C00217687

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 6

Transaction ID: 12335049

Amount of Each Receipt this Period

7500.00

SUBTOTAL of Receipts This Page (optional)

17500.00

TOTAL This Period (last page this line number only)

17500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 66

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

988.07

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 0 6

Transaction ID: 12380918

Amount of Each Receipt this Period

351.77

Bank Interest Received

SUBTOTAL of Receipts This Page (optional)

351.77

TOTAL This Period (last page this line number only)

351.77

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 / 66

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Merchant Bankcard

Mailing Address 1601 Elm Street

City
Dallas

State
TX

Zip Code
75201

Purpose of Disbursement

Bank Fees

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 12380922

Date of Disbursement

03 / 06 / 2006

Amount of Each Disbursement this Period

140.88

Bank Fees

B. Citibank, F.S.B.

Full Name (Last, First, Middle Initial)

Mailing Address 1400 G Street, NW

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement

Federal Tax Payment

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 12322321

Date of Disbursement

03 / 13 / 2006

Amount of Each Disbursement this Period

825.65

Federal Tax Payment

C. Citibank, F.S.B.

Full Name (Last, First, Middle Initial)

Mailing Address 1400 G Street, NW

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement

Bank Fee

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 12380920

Date of Disbursement

03 / 20 / 2006

Amount of Each Disbursement this Period

133.36

Bank Fee

SUBTOTAL of Disbursements This Page (optional)

1099.89

TOTAL This Period (last page this line number only)

1099.89

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of John Peterson

Mailing Address 114 W. State Street
PO Box 295

City Pleasantville State PA Zip Code 16341

Purpose of Disbursement
Contribution

Candidate Name
Rep. John E. Peterson

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 5

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 12143058

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Talent For Senate Committee

Mailing Address 147 N Meramec Suite 100

City St Louis State MO Zip Code 63105

Purpose of Disbursement
Contribution

Candidate Name
Sen. James M. Talent

Office Sought: ☐ House
☒ Senate
☐ President

State: MO District: 2

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 12143053

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Northup For Congress

Mailing Address PO Box 7313

City Louisville State KY Zip Code 40257

Purpose of Disbursement
Contribution

Candidate Name
Rep. Anne M. Northup

Office Sought: ☒ House
☐ Senate
☐ President

State: KY District: 3

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 12143055

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Citizens For Arlen Specter

Mailing Address 3700 Massachusetts Ave Nw #108
Suite 1100 Nor

City Washington State DC Zip Code 20016

Purpose of Disbursement
2010 Contribution

Candidate Name
Sen. Arlen Specter

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 1

Transaction ID: 12143050

Date of Disbursement

03 / 03 / 2006

Amount of Each Disbursement this Period

2000.00

2010 Contribution

Full Name (Last, First, Middle Initial)

B. Volunteers For Shimkus

Mailing Address P.O. Box 5458
PO Box 5458

City Springfield State IL Zip Code 62705

Purpose of Disbursement
Contribution

Candidate Name
Rep. John M. Shimkus

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 19

Transaction ID: 12143056

Date of Disbursement

03 / 03 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Kent Conrad

Mailing Address PO Box 812

City Bismarck State ND Zip Code 58502

Purpose of Disbursement
Contribution

Candidate Name
Sen. Kent Conrad

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: ND District: 1

Transaction ID: 12143054

Date of Disbursement

03 / 03 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Moore For Congress

Mailing Address PO Box 16646

City
Milwaukee

State
WI

Zip Code
53216

Purpose of Disbursement
Contribution

Candidate Name
Rep. Gwen Moore

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 4

Transaction ID: 12143057

Date of Disbursement

03 / 03 / 2006

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Schakowsky For Congress

Mailing Address P.O. Box 5130

City
Evanston

State
IL

Zip Code
60204

Purpose of Disbursement
Contribution

Candidate Name
Rep. Janice D. Schakowsky

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 9

Transaction ID: 12143063

Date of Disbursement

03 / 07 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Kirk For Congress

Mailing Address P.O. Box 8

City
Winnetka

State
IL

Zip Code
60093

Purpose of Disbursement
Contribution

Candidate Name
Rep. Mark Steven Kirk

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 10

Transaction ID: 12143065

Date of Disbursement

03 / 07 / 2006

Amount of Each Disbursement this Period

1500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Volunteers For Shimkus

Mailing Address P.O. Box 5458
PO Box 5458

City Springfield State IL Zip Code 62705

Purpose of Disbursement
Contribution

Candidate Name
Rep. John M. Shimkus

Office Sought: ☒ House
☐ Senate
☐ President

State: IL District: 19

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 12143070

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Costello For Congress Committee

Mailing Address P. O. Box 8250

City Belleville State IL Zip Code 62222

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jerry F. Costello

Office Sought: ☒ House
☐ Senate
☐ President

State: IL District: 12

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 12143066

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Menendez For Senate

Mailing Address P.O. Box 848

City Union City State NJ Zip Code 07087

Purpose of Disbursement
Contribution

Candidate Name
Rep. Robert Menendez

Office Sought: ☐ House
☒ Senate
☐ President

State: NJ District: 1

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 12143071

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Davis For Congress/Friends Of Davis

Mailing Address 5956 W. Race Avenue

City Chicago State IL Zip Code 60644

Purpose of Disbursement
Contribution

Candidate Name
Rep. Danny K. Davis

Office Sought: ☒ House
☐ Senate
☐ President

State: IL District: 7

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 12143061

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. People With Hart Inc

Mailing Address P.O. Box 435

City Wexford State PA Zip Code 15090

Purpose of Disbursement
Contribution

Candidate Name
Rep. Melissa A. Hart

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 4

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 12143074

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Congressman Tim Holden

Mailing Address 18 N. Second Street PO Box 37
PO Box 37

City Saint Clair State PA Zip Code 17970

Purpose of Disbursement
Contribution

Candidate Name
Rep. Tim Holden

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 17

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 12143073

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Gutierrez For Congress

Mailing Address 2846 N. River Walk Drive

City Chicago State IL Zip Code 60618

Purpose of Disbursement
Contribution

Candidate Name
Rep. Luis V. Gutierrez

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 4

Transaction ID: 12143059

Date of Disbursement

03 / 07 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Tim Johnson

Mailing Address PO Box 17097

City Urbana State IL Zip Code 61803

Purpose of Disbursement
Contribution

Candidate Name
Rep. Timothy V. Johnson

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 15

Transaction ID: 12143068

Date of Disbursement

03 / 07 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Rahm Emanuel

Mailing Address P.O. Box 101124

City Chicago State IL Zip Code 60610

Purpose of Disbursement
Contribution

Candidate Name
Rep. Rahm Emanuel

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 5

Transaction ID: 12143060

Date of Disbursement

03 / 07 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Virginia Foxx For Congress

Mailing Address P.O. Box 1100

City
Clemmons

State
NC

Zip Code
27012

Purpose of Disbursement
Contribution

Candidate Name
Rep. Virginia Foxx

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 5

Transaction ID: 12143072

Date of Disbursement

03 / 07 / 2006

Amount of Each Disbursement this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

B. Melissa Bean For Congress

Mailing Address Post Office Box 3068

City
Barrington

State
IL

Zip Code
60010

Purpose of Disbursement
Contribution

Candidate Name
Rep. Melissa L. Bean

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 8

Transaction ID: 12143062

Date of Disbursement

03 / 07 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. WISH List: Women in the Senate and House

Mailing Address 499 South Capitol Street, SW
Suite 408

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
2006 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 12156775

Date of Disbursement

03 / 09 / 2006

Amount of Each Disbursement this Period

2500.00

2006 Contribution

SUBTOTAL of Disbursements This Page (optional)

3750.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Doggett For U.S. Congress

Mailing Address PO Box 5843

City
Austin

State
TX

Zip Code
78763

Purpose of Disbursement
Contribution

Candidate Name
Rep. Lloyd Doggett

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 25

Transaction ID: 12156777

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Ron Lewis For Congress

Mailing Address PO Box 307

City
Elizabethtown

State
KY

Zip Code
42702

Purpose of Disbursement
Contribution

Candidate Name
Rep. Ron Lewis

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: KY District: 2

Transaction ID: 12157764

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Hatch Election Committee Inc

Mailing Address 175 South West Temple Suite 650

City
Salt Lake City

State
UT

Zip Code
84101

Purpose of Disbursement
Contribution

Candidate Name
Sen. Orrin G. Hatch

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: UT District: 1

Transaction ID: 12157759

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Cathy McMorris For Congress

Mailing Address Box 137

City
Spokane

State
WA

Zip Code
99210

Purpose of Disbursement
Contribution

Candidate Name
Rep. Cathy McMorris

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 5

Transaction ID: 12156776

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. National Republican Congressional Committee

Mailing Address 320 First Street, SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
2006 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 12178225

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15000.00

2006 Contribution

Full Name (Last, First, Middle Initial)

C. Wynn For Congress

Mailing Address P. O. Box 39139

City
Washington

State
DC

Zip Code
20016

Purpose of Disbursement
Contribution

Candidate Name
Rep. Albert Russell Wynn

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 4

Transaction ID: 12187482

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

17000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Team Emerson For Jo Ann Emerson

Mailing Address PO Box 822
P.O. Box 822

City Cape Girardeau State MO Zip Code 63702

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jo Ann Emerson

Office Sought: ☒ House
☐ Senate
☐ President

State: MO District: 8

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 12159468

Date of Disbursement

03 / 13 / 2006

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Team Emerson For Jo Ann Emerson

Mailing Address PO Box 822
P.O. Box 822

City Cape Girardeau State MO Zip Code 63702

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jo Ann Emerson

Office Sought: ☒ House
☐ Senate
☐ President

State: MO District: 8

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 12159471

Date of Disbursement

03 / 13 / 2006

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street

City Washington State DC Zip Code 20003

Purpose of Disbursement
2006 Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 12178000

Date of Disbursement

03 / 13 / 2006

Amount of Each Disbursement this Period

15000.00

2006 Contribution

SUBTOTAL of Disbursements This Page (optional)

17000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Carolyn McCarthy

Mailing Address 151 Linden Road

City Mineola State NY Zip Code 11501

Purpose of Disbursement
Contribution

Candidate Name
Rep. Carolyn McCarthy

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 4

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 12159875

Date of Disbursement

03 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Nita Lowey For Congress

Mailing Address PO Box 271

City White Plains State NY Zip Code 10605

Purpose of Disbursement
Contribution

Candidate Name
Rep. Nita M. Lowey

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 18

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 12161022

Date of Disbursement

03 / 13 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Joe Lieberman

Mailing Address PO Box 231294
State House Square

City State House Square State CT Zip Code 06123

Purpose of Disbursement
Contribution

Candidate Name
Sen. Joseph I. Lieberman

Office Sought: ☐ House
☒ Senate
☐ President

State: CT District: 2

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 12187262

Date of Disbursement

03 / 13 / 2006

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Missourians For Kit Bond

Mailing Address 147 N Meramec Suite 100

City
St Louis

State
MO

Zip Code
63105

Purpose of Disbursement
2010 Contribution

011

Category/
Type

Candidate Name
Sen. Christopher S. Bond

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 1

Transaction ID: 12159464

Date of Disbursement

03 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

2010 Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Robert C Byrd Committee

Mailing Address 607 14th Street Nw Suite 800

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Sen. Robert C. Byrd

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District: 1

Transaction ID: 12187260

Date of Disbursement

03 / 13 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Jesse Jackson Jr For Congress Committee

Mailing Address Post Office Box 490286

City
Chicago

State
IL

Zip Code
60649

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Rep. Jesse L. Jackson, Jr.

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 2

Transaction ID: 12157827

Date of Disbursement

03 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. A Lot Of People Who Support Jeff Bingaman

Mailing Address PO Box 16210

City Albuquerque State NM Zip Code 87191

Purpose of Disbursement
Contribution

Candidate Name
Sen. Jeff Bingaman

Office Sought: ☐ House
☒ Senate
☐ President

State: NM District: 2

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 12187265

Date of Disbursement

03 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Preserving America's Traditions PAC (PATPAC)

Mailing Address 228 South Washington Street
Suite B-20

City Washington State DC Zip Code 22314

Purpose of Disbursement
2006 Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 12157814

Date of Disbursement

03 / 13 / 2006

Amount of Each Disbursement this Period

4000.00

2006 Contribution

Full Name (Last, First, Middle Initial)

C. CARE PAC

Mailing Address 228 South Washington St.
Suite 340

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2006 Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 12187259

Date of Disbursement

03 / 13 / 2006

Amount of Each Disbursement this Period

2000.00

2006 Contribution

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Geoff Davis For Congress

Mailing Address 3161 Dixie Highway
Suite F

City Erlanger State KY Zip Code 41018

Purpose of Disbursement
Contribution

Candidate Name
Rep. Geoffrey Davis

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 4

Transaction ID: 12157832

Date of Disbursement

03 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Kuhl For Congress

Mailing Address 10 Ganesvoort Street
Suite 101

City Bath State NY Zip Code 14810

Purpose of Disbursement
Contribution

Candidate Name
Rep. John Randall Kuhl

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 29

Transaction ID: 12159475

Date of Disbursement

03 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Connie Mack

Mailing Address P.O. Box 60004
Pmb 388

City Ft. Myers State FL Zip Code 33906

Purpose of Disbursement
Contribution

Candidate Name
Rep. Connie Mack, IV

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 14

Transaction ID: 12187267

Date of Disbursement

03 / 13 / 2006

Amount of Each Disbursement this Period

1500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. John Salazar For Congress

Mailing Address P.O. Box 534

City
Pueblo

State
CO

Zip Code
81002

Purpose of Disbursement
Contribution

Candidate Name
Rep. John T. Salazar

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 3

Transaction ID: 12187673

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. KITPAC

Mailing Address 147 N. Meramec
Suite 100

City
St. Louis

State
MO

Zip Code
63105

Purpose of Disbursement
2006 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 12187248

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

2006 Contribution

Full Name (Last, First, Middle Initial)

C. Buckeye PAC

Mailing Address 856 Macon Alley

City
Columbus

State
OH

Zip Code
43206

Purpose of Disbursement
2006 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 12157788

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

2006 Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Jerry Weller For Congress Inc.

Mailing Address P.O. Box 2368

City
JolietState
ILZip Code
60434Purpose of Disbursement
ContributionCandidate Name
Rep. Gerald C. Weller011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 11

Transaction ID: 12176658

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	0	6

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. ROYB - Rely on Your Beliefs FundMailing Address 1300 Pennsylvania Avenue, NW
Suite 700City
WashingtonState
DCZip Code
20004Purpose of Disbursement
2006 Contribution

Candidate Name

011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 12176657

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	0	6

Amount of Each Disbursement this Period

1000.00

2006 Contribution

Full Name (Last, First, Middle Initial)

C. Gene Taylor For Congress Committee

Mailing Address Post Office Box 38

City
Bay St. LouisState
MSZip Code
39520Purpose of Disbursement
ContributionCandidate Name
Rep. Gene Taylor011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District: 4

Transaction ID: 12176660

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	0	6

Amount of Each Disbursement this Period

250.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Lincoln Davis For Congress

Mailing Address PO Box 350

City
Jamestown

State
TN

Zip Code
38556

Purpose of Disbursement
Contribution

Candidate Name
Rep. Lincoln Davis

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 4

Transaction ID: 12176661

Date of Disbursement

03 / 14 / 2006

Amount of Each Disbursement this Period

300.00

Contribution

Full Name (Last, First, Middle Initial)

B. Herseth For Congress

Mailing Address PO Box 2009

City
Sioux Falls

State
SD

Zip Code
57101

Purpose of Disbursement
Contribution

Candidate Name
Rep. Stephanie Herseth

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: SD District: 1

Transaction ID: 12176659

Date of Disbursement

03 / 14 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Schwarz For Congress

Mailing Address Post Office Box 2063

City
Battle Creek

State
MI

Zip Code
49016

Purpose of Disbursement
Contribution

Candidate Name
Rep. Joe Schwarz, M.D.

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 7

Transaction ID: 12176670

Date of Disbursement

03 / 14 / 2006

Amount of Each Disbursement this Period

200.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Schwarz For Congress

Mailing Address Post Office Box 2063

City State Zip Code
 Battle Creek MI 49016

Purpose of Disbursement
 Contribution

Candidate Name
 Rep. Joe Schwarz, M.D.

011
 Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 7

Transaction ID: 12322323

Date of Disbursement

03 / 14 / 2006

Amount of Each Disbursement this Period

1800.00

Contribution

Full Name (Last, First, Middle Initial)

B. Pascrell For Congress Inc.

Mailing Address P.O. Box 640

City State Zip Code
 Totowa NJ 07511

Purpose of Disbursement
 Contribution

Candidate Name
 Rep. William J. Pascrell, Jr.

011
 Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 8

Transaction ID: 12176656

Date of Disbursement

03 / 15 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. People For English

Mailing Address PO Box 1940

City State Zip Code
 Erie PA 16507

Purpose of Disbursement
 Contribution

Candidate Name
 Rep. Phil English

011
 Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 3

Transaction ID: 12176651

Date of Disbursement

03 / 15 / 2006

Amount of Each Disbursement this Period

500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3300.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. People For English

Mailing Address PO Box 1940

City
Erie

State
PA

Zip Code
16507

Purpose of Disbursement
Contribution

Candidate Name
Rep. Phil English

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 3

Transaction ID: 12176653

Date of Disbursement

03 / 15 / 2006

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Mike Ross For Congress Committee

Mailing Address PO Box 360

City
Prescott

State
AR

Zip Code
71857

Purpose of Disbursement
Contribution

Candidate Name
Rep. Michael A. Ross

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District: 4

Transaction ID: 12176652

Date of Disbursement

03 / 15 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Michaud For Congress

Mailing Address 213 Lisbon Street

City
Lewiston

State
ME

Zip Code
04240

Purpose of Disbursement
Contribution

Candidate Name
Rep. Michael H. Michaud

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: ME District: 2

Transaction ID: 12176655

Date of Disbursement

03 / 15 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Team Sununu

Mailing Address PO Box 500

City Rye State NH Zip Code 03870

Purpose of Disbursement
2008 Contribution

Candidate Name
Sen. John E. Sununu

Office Sought: ☐ House
☒ Senate
☐ President

State: NH District: 2

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 12176649

Date of Disbursement

03 / 15 / 2006

Amount of Each Disbursement this Period

1000.00

2008 Contribution

Full Name (Last, First, Middle Initial)

B. AMERIPAC: The Fund for a Greater America

Mailing Address 1341 G Street, NW
Suite 200

City Washington State DC Zip Code 20005

Purpose of Disbursement
2006 Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 12253863

Date of Disbursement

03 / 22 / 2006

Amount of Each Disbursement this Period

1500.00

2006 Contribution

Full Name (Last, First, Middle Initial)

C. Christopher Shays For Congress Committee

Mailing Address 98 East Avenue Rear Building

City Norwalk State CT Zip Code 06851

Purpose of Disbursement
Contribution

Candidate Name
Rep. Christopher Shays

Office Sought: ☒ House
☐ Senate
☐ President

State: CT District: 4

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 12253864

Date of Disbursement

03 / 22 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Kevin McCarthy For Congress

Mailing Address 8208 Portsmouth Street

City Bakersfield State CA Zip Code 93311

Purpose of Disbursement
Contribution

Candidate Name
Mr. Kevin Lee McCarthy

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 22

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 12313047

Date of Disbursement

03 / 22 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Louise Slaughter Re-Election Committee

Mailing Address P.O. Box 366

City Fairport State NY Zip Code 14450

Purpose of Disbursement
Contribution

Candidate Name
Rep. Louise McIntosh Slaughter

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 28

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 12254271

Date of Disbursement

03 / 23 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Steve Israel For Congress Committee

Mailing Address P.O. Box 777

City Deer Park State NY Zip Code 11729

Purpose of Disbursement
Contribution

Candidate Name
Rep. Steve J. Israel

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 2

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 12254228

Date of Disbursement

03 / 23 / 2006

Amount of Each Disbursement this Period

1500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Steve Israel For Congress Committee

Mailing Address P.O. Box 777

City State Zip Code
Deer Park NY 11729

Purpose of Disbursement
Contribution

Candidate Name
Rep. Steve J. Israel

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 2

Transaction ID: 12254232

Date of Disbursement

03 / 23 / 2006

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Ros-Lehtinen For Congress

Mailing Address P O Box 52-2784

City State Zip Code
Miami FL 33152

Purpose of Disbursement
Contribution

Candidate Name
Rep. Ileana Ros-Lehtinen

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 18

Transaction ID: 12254206

Date of Disbursement

03 / 23 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Weiner

Mailing Address 1 Ascan Avenue
Suite 31

City State Zip Code
Forest Hills NY 11375

Purpose of Disbursement
Contribution

Candidate Name
Rep. Anthony D. Weiner

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 9

Transaction ID: 12254258

Date of Disbursement

03 / 23 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Sweeney For Congress Inc

Mailing Address Post Office Box 1465

City State Zip Code
Clifton Park NY 12065

Purpose of Disbursement
Contribution

Candidate Name
Rep. John E. Sweeney

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 20

Transaction ID: 12254212

Date of Disbursement

03 / 23 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Sweeney For Congress Inc

Mailing Address Post Office Box 1465

City State Zip Code
Clifton Park NY 12065

Purpose of Disbursement
Contribution

Candidate Name
Rep. John E. Sweeney

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 20

Transaction ID: 12254218

Date of Disbursement

03 / 23 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Committee To Re-Elect Vito Fossella

Mailing Address PO Box 131403
PO Box 060248

City State Zip Code
Staten Island NY 10313

Purpose of Disbursement
Contribution

Candidate Name
Rep. Vito J. Fossella

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 13

Transaction ID: 12254209

Date of Disbursement

03 / 23 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Bill Nelson For U S Senate

Mailing Address 500 Red Sail Way

City
Satelite Beach

State
FL

Zip Code
32937

Purpose of Disbursement
Contribution

Candidate Name
Sen. Bill Nelson

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 1

Transaction ID: 12254205

Date of Disbursement

03 / 23 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Carolyn McCarthy

Mailing Address 151 Linden Road

City
Mineola

State
NY

Zip Code
11501

Purpose of Disbursement
Contribution

Candidate Name
Rep. Carolyn McCarthy

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 4

Transaction ID: 12254223

Date of Disbursement

03 / 23 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Pete King For Congress Committee

Mailing Address Post Office Box 1428

City
Seaford

State
NY

Zip Code
11783

Purpose of Disbursement
Contribution

Candidate Name
Rep. Peter T. King

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 3

Transaction ID: 12254239

Date of Disbursement

03 / 23 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Friends of Jim Clyburn

Mailing Address P.O. Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement
Contribution

Candidate Name
Rep. James E. Clyburn

Office Sought: ☒ House
☐ Senate
☐ President

State: SC District: 6

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 12254194

Date of Disbursement

03 / 23 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Committee To Elect Gary Ackerman

Mailing Address 100 Jericho Quadrangle
Suite 233

City Jericho State NY Zip Code 11753

Purpose of Disbursement
Contribution

Candidate Name
Rep. Gary L. Ackerman

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 5

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 12254235

Date of Disbursement

03 / 23 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Tim Murphy For Congress

Mailing Address PO Box 24551

City Pttsburgh State PA Zip Code 15234

Purpose of Disbursement
Contribution

Candidate Name
Rep. Tim F. Murphy

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 18

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 12254202

Date of Disbursement

03 / 23 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Turner For Congress

Mailing Address 131 N. Ludlow Street Suite 317

City Dayton State OH Zip Code 45402

Purpose of Disbursement
Contribution

Candidate Name
Rep. Michael R. Turner

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 3

Transaction ID: 12254198

Date of Disbursement

03 / 23 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Zach Wamp

Mailing Address P.O. Box 24804
651 E. Fourth St. Suite 200

City Chattanooga State TN Zip Code 37422

Purpose of Disbursement
Contribution

Candidate Name
Rep. Zach Wamp

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 3

Transaction ID: 12264976

Date of Disbursement

03 / 29 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Earl Pomeroy For Congress

Mailing Address P.O. Box 9336

City Fargo State ND Zip Code 58106

Purpose of Disbursement
Contribution

Candidate Name
Rep. Earl Pomeroy

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: ND District: 1

Transaction ID: 12265397

Date of Disbursement

03 / 29 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Jane Harman

Mailing Address PO Box 96

City
Torrance

State
CA

Zip Code
90507

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jane Harman

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 36

Transaction ID: 12265898

Date of Disbursement

03 / 29 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Pallone For Congress

Mailing Address PO Box 3176

City
Long Branch

State
NJ

Zip Code
07740

Purpose of Disbursement
Contribution

Candidate Name
Rep. Frank Pallone, Jr.

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 6

Transaction ID: 12266871

Date of Disbursement

03 / 29 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Carolyn McCarthy

Mailing Address 151 Linden Road

City
Mineola

State
NY

Zip Code
11501

Purpose of Disbursement
Contribution

Candidate Name
Rep. Carolyn McCarthy

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 4

Transaction ID: 12266081

Date of Disbursement

03 / 29 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Tammy Baldwin For Congress

Mailing Address P O Box 696

City
Madison

State
WI

Zip Code
53701

Purpose of Disbursement
Contribution

Candidate Name
Rep. Tammy Baldwin

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 2

Transaction ID: 12264981

Date of Disbursement

03 / 29 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Marion Berry For Congress

Mailing Address P.O. Box 8084

City
Jonesboro

State
AR

Zip Code
72403

Purpose of Disbursement
Contribution

Candidate Name
Rep. Marion Berry

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District: 1

Transaction ID: 12264986

Date of Disbursement

03 / 29 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Kilpatrick For United States Congress

Mailing Address PO Box 32175

City
Detroit

State
MI

Zip Code
48232

Purpose of Disbursement
Contribution

Candidate Name
Rep. Carolyn Cheeks Kilpatrick

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 13

Transaction ID: 12265714

Date of Disbursement

03 / 29 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Candice Miller For Congress

Mailing Address P.O. Box 182152

City
Shelby Township

State
MI

Zip Code
48318

Purpose of Disbursement
Contribution

Candidate Name
Rep. Candice S. Miller

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 10

Transaction ID: 12266642

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Rodney Alexander For Congress Inc.

Mailing Address PO Box 367
319 Nancy Road

City
Quitman

State
LA

Zip Code
71268

Purpose of Disbursement
Contribution

Candidate Name
Rep. Rodney Alexander

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 5

Transaction ID: 12264972

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. White Mountain PAC

Mailing Address P.O. Box 1772

City
Concord

State
NH

Zip Code
03302

Purpose of Disbursement
2006 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 12264989

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3000.00

2006 Contribution

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. LA PAC

Mailing Address 8208 Portsmouth Street

City Bakersfield State CA Zip Code 93311

Purpose of Disbursement
2006 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 12265260

Date of Disbursement

03 / 29 / 2006

Amount of Each Disbursement this Period

5000.00

2006 Contribution

Full Name (Last, First, Middle Initial)

B. Citizens To Elect Rick Larsen

Mailing Address PO Box 326

City Everett State WA Zip Code 98206

Purpose of Disbursement
Contribution

Candidate Name
Rep. Rick Larsen

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: WA District: 2

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 12303353

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Volunteer PAC

Mailing Address 2000 Glen Echo
Suite 107

City Nashville State TN Zip Code 37215

Purpose of Disbursement
2006 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 12302873

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

5000.00

2006 Contribution

SUBTOTAL of Disbursements This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Menendez For Senate

Mailing Address P.O. Box 848

City
Union CityState
NJZip Code
07087Purpose of Disbursement
ContributionCandidate Name
Rep. Robert Menendez011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 1

Transaction ID: 12303130

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	6

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Carnahan In Congress

Mailing Address 7370 Manchester Rd Ste 20

City
St. LouisState
MOZip Code
63143Purpose of Disbursement
ContributionCandidate Name
Rep. Russ Carnahan011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 3

Transaction ID: 12303351

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	6

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Dave Reichert

Mailing Address P. O. Box 53322

City
BellevueState
WAZip Code
98015Purpose of Disbursement
Void of 4/25/2005 ContributionCandidate Name
Rep. David George Reichert011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 8

Transaction ID: 12306129

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	6

Amount of Each Disbursement this Period

-2500.00

Void of 4/25/2005 Contrib-
ution

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 66 / 66

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mark Kennedy 06

Mailing Address PO Box 49333

City
BlaineState
MNZip Code
55449Purpose of Disbursement
ContributionCandidate Name
Mr. Mark Kennedy011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 2

Transaction ID: 12303369

Date of Disbursement

MM / DD / YY
03 / 31 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

154300.00